STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	255222	A. Building B. Wing	04/30/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Trinity Healthcare Center	230 Airline Road Columbus, MS 39702

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0641 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure each resident receives an accurate assessment. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on staff interviews, record review, and facility policy review, the facility failed to accurately complete and submit a Minimum Data Set (MDS) assessment for a resident not receiving hospice services for one (1) of 17 assessments reviewed. Resident #38 Findings include: Record review of facility policy titled, Conducting an Accurate Resident assessment dated 10/25, revealed, Policy: The purpose of this policy is to assure that all residents receive an accurate assessment, reflective of the resident's status at the time of the assessment, by staff qualified to assess relevant care areas. Resident #38 During the record review of Resident #38's Significant Change Minimum Data Set (MDS) Section O - Special Treatments, Procedures, and Programs dated 3/25/26, the data revealed the resident received hospice care while a resident at the facility. Record review of Resident #38's Clinical Physician Orders since his admission to facility on 12/23/25, revealed that hospice services had not been ordered. An interview with the MDS Registered Nurse (RN) Coordinator on 4/30/26 at 8:45 AM, revealed she was responsible for completing and submitting the MDS assessments. She acknowledged that the staff, resident, and family had discussed hospice services for Resident #38, but the family chose to not place the resident on hospice but to provide comfort measures for the resident. She acknowledged that she mistakenly submitted a significant change MDS for hospice care which led to an inaccurate assessment. During an interview on 4/30/26 at 9:00 AM, the Director of Nursing (DON) acknowledged the MDS assessment was information on a resident's status at the time of the assessment and should be entered and submitted accurately. She confirmed Resident #38 did not receive hospice services during his admission to the facility. She confirmed the facility failed to accurately complete and submit the MDS assessment for Resident #38. Record review of Resident #38's admission Record revealed the facility admitted the resident on 12/23/25 with diagnoses that included Malignant Neoplasm of Pancreas. Record review of Resident #38's MDS dated [DATE], revealed a Brief Interview for Mental Status (BIMS) score of eight (8) which indicated the resident had a moderate cognitive impairment.

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide and implement an infection prevention and control program. Based on observation, staff interview, and facility policy review, the facility failed to ensure clean linens were transported in a manner to prevent contamination for one (1) of three (3) days of survey. Findings Include: Review of facility policy, Infection Prevention and Control Program with an implementation date of 10/2022, the policy stated, This facility has established and maintains an infection prevention and control program designed to provide a safe, sanitary, and comfortable environment and to help prevent the development and transmission of communicable diseases and infections as per accepted national standards and guidelines. On 4/28/2026 at 11:34 AM, an unidentified staff member was observed transporting clean linens in a cart without a cover in the resident hallway. During an interview with the Administrator, she stated and confirmed, Staff members were educated on the safe transportation of resident's linens, and they are to be covered to prevent contamination.